



Permission To Give Medication

(Is completed by parent when reserving care for an ill child)

(caregiver's full name) has my permission to give (child's full name)
the following medications.

Note: If prescribed medication, the child's name and doses of the medication must be on the medicine bottle. All medications, prescribed or over-the-counter, must be in original container.

Medication To Be Given

Medication
Amount/Dosage
Time(s) to be given
Date to be given
Other
Ordered by Parent Physician Other

Medication To Be Given

Medication
Amount/Dosage
Time(s) to be given
Date to be given
Other
Ordered by Parent Physician Other

Medication To Be Given

Medication
Amount/Dosage
Time(s) to be given
Date to be given
Other
Ordered by Parent Physician Other

Additional Instructions:

Parent/Guardian Signature: _____

Date: